

North Carolina Healthy Housing Fact Sheet

The home is the most dangerous place for U.S. families.ⁱ Nearly six million families live in housing rivaling that of developing countries, with broken heating and plumbing, holes in walls and windows, roach and rodent infestation, falling plaster, crumbling foundations, and leaking roofs. Millions more in all 50 states live in housing with serious health and safety hazards, including mold, exposed wiring, radon, unvented heaters, toxic chemicals, broken stairs, missing smoke detectors, and other hazards.ⁱⁱ Home-based interventions to address health hazards improve health and have a large return on investment: Each dollar invested in lead paint hazard control results in a return of \$17–\$221ⁱⁱⁱ and each dollar invested in asthma home-based interventions that include education and remediation results in a return of \$5.30 to \$14.00.^{iv}

The need in North Carolina

Thirty-four percent of children in North Carolina live in households with high housing cost burden, and over one in four children in North Carolina live in poverty.^v The potential effect of high housing cost burden and poverty on children and families is exacerbated by the age of North Carolina's housing stock. Approximately 13% of North Carolina's homes were built before 1950 and are likely to contain lead-based paint.^{vi} Unhealthy housing conditions can lead to lead poisoning, injuries, and asthma and other respiratory problems. These health problems in turn result in missed school days and poor school performance for children, as well as missed work days for parents.

The need for funding

To protect the health of North Carolina families and prevent continued increases in associated healthcare costs and societal consequences, full funding in FY 2016 and beyond is needed for the following:

- ✓ **CDC's Healthy Homes and Lead Poisoning Prevention Program = \$29,257,000**
- ✓ **CDC's National Asthma Control Program = \$30,596,000**
- ✓ **HUD's Office of Lead Hazard Control and Healthy Homes = \$120,000,000**

Funding for healthy housing in North Carolina

- North Carolina has received a total of \$57,768,068 in funding for 31 grants from HUD's Office of Healthy Homes and Lead Hazard Control since 1999. Of this funding:
 - Two grants totaling \$3,235,264 were awarded in FY13 to the City of Winston-Salem (\$2,500,000) for lead-based paint hazard control activities and the North Carolina State University (\$735,264) for healthy homes technical studies activities.
- North Carolina has received a total of \$7,587,987 in funding from the Centers for Disease Control and Prevention's Healthy Homes and Lead Poisoning Prevention and National Asthma Control programs from FY05 – FY14. Of this funding:
 - North Carolina has received a total of \$4,544,200 from the Healthy Homes and Lead Poisoning Prevention Program.
 - The North Carolina State Department of Health and Human Services has received a total of \$3,043,787 in funding for asthma-related activities; most recently for \$8,000 in FY14 for surveillance activities only.

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- Although originally funded in 2004, the North Carolina Department of Health and Human Services is not currently funded by CDC's National Asthma Control Program.^{vii}

Childhood lead poisoning^{viii, ix}

- In 2012, 5,908 of the children tested in North Carolina had an elevated blood lead level, which is five or more micrograms of lead per deciliter of blood ($\mu\text{g}/\text{dL}$); 541 of them had blood lead levels of 10 $\mu\text{g}/\text{dL}$ or more.
- Only 52% of the target population for blood lead level testing was tested in the state of North Carolina in 2011.

Asthma^{x, xi}

- 8.8% of adults in North Carolina had current asthma in 2011.
- 10.3% of North Carolina youths had current asthma in 2010.
- In North Carolina, children with public health insurance had a higher rate (15.5%) of current asthma prevalence than children with private insurance coverage (7.6%).
- The average charge per hospitalization case for asthma in North Carolina increased from \$7,503 to \$12,632 from 2003-2010. Hospitalization charges from asthma in North Carolina in 2010 totaled over \$132 million.

Carbon monoxide deaths

- There were 584 deaths in North Carolina due to carbon monoxide exposure in 2000-2007.^{xii}

Injury-related deaths

- For every 100,000 persons in North Carolina, there were 36.3 unintentional injury deaths caused by dangers other than automobile-related issues.^{xiii}

National rankings

- NCHH's 2013 *State of Healthy Housing* report ranks 45 metropolitan statistical areas (MSA) according to healthy housing-related data in the American Housing Survey. The Charlotte, NC-SC MSA, is tied for 10th and categorized as one of the "most healthy" communities. No other North Carolina MSAs are included in this report.^{xiv}
- The Asthma and Allergy Foundation of America's listing of "Asthma Capitals" for 2014 ranks the 100 largest U.S. metro areas to identify the "most challenging places to live with asthma." The state of North Carolina does not have any cities identified within the top 60 "most challenging." Greensboro, in 62nd place, is the "most challenging" city identified for the state; three additional cities are also identified: Winston-Salem (80th); Raleigh (81st); Charlotte (87th).^{xv}

Healthcare financing for healthy homes^{xvi, xvii}

The National Center for Healthy Housing's November 2014 [study](#) regarding state Medicaid reimbursement for environmental health services in the homes of people with asthma and children exposed to lead shows that in [North Carolina](#) some level of Medicaid reimbursement is in place for

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activities related to both asthma and lead but no efforts to expand reimbursement for services related to asthma or lead were identified.¹

Opportunities for North Carolina to further improve reimbursement of environmental health services include:

- Extending coverage for asthma control services to include those administered by nontraditional providers, such as certified asthma educators and community health workers;
- Ensuring that services and supports are in place to eliminate or reduce exposure to asthma triggers identified in the home environment.
- Aligning the eligibility criteria for lead poisoning follow-up services with the current CDC reference value for lead poisoning (5 µg/dL) to include children with elevated blood lead levels lower than 10 µg/dL for investigation and lower than 20 µg/dL for remediation.

For additional information, please contact:

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- ^{vii} <http://www.cdc.gov/HealthyHomes/programs/nc.htm>
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- ^{xv} http://www.aafa.org/pdfs/2014_AC_FinalPublicList1.pdf
- ^{xvi} <http://www.nchh.org/Resources/HealthcareFinancing/Snapshot.aspx>
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¹ Note: (a) These are self-reported results that have not been independently verified, and (b) the existence of a policy does NOT mean that services are actually being delivered on the ground.